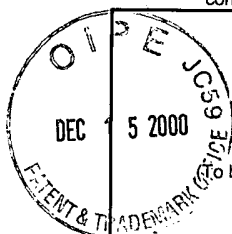


Please type a plus sign (+) inside this box.

PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office: U.S. Department of Commerce
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

to be used for all correspondence after initial filing)

Application Number	09/243,016	
Filing Date	February 2, 1999	
First Named Inventor	Dirk LENZ	
Group Art Number	1615	
Examiner Name	I. Ghali	
Total Number of Pages in This Submission	Attorney Docket Number	Beiersdorf 540-WCG

RECEIVED

DEC 19 2000

TECH CENTER 1600/2900

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment / Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition Routing Slip(PTO/SB/69) and Accompanying Petition
<input type="checkbox"/> To convert a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
- Notice of Change of Firm Address |
|---|--|---|
- Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William C. Gerstenzang Norris, McLaughlin & Marcus, P.A.
Signature	<i>William C. Gerstenzang</i> Reg. No. 27,552
Date	December 4, 2000

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to : Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: December 4, 2000.

Typed or printed name	William C. Gerstenzang		
Signature	<i>William C. Gerstenzang</i>	Date	December 4, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.